

CONNECTICUT
HEALTHCARE
INNOVATION PLAN



SIM Program Updates

**Consumer Advisory Board
Meeting**

January 14, 2016

Overview



No-Cost Extension

- The SIM PMO was granted a **3-month no-cost extension** from CMMI
- **Why:** We have both **incomplete activities** going into Performance Year 1 and **unspent funds**
- The No-cost extension is intended to be used to complete **pre-implementation activities** (planning activities)



Feb 1, 2015 – Jan 31, 2016
Original Pre-implementation Year

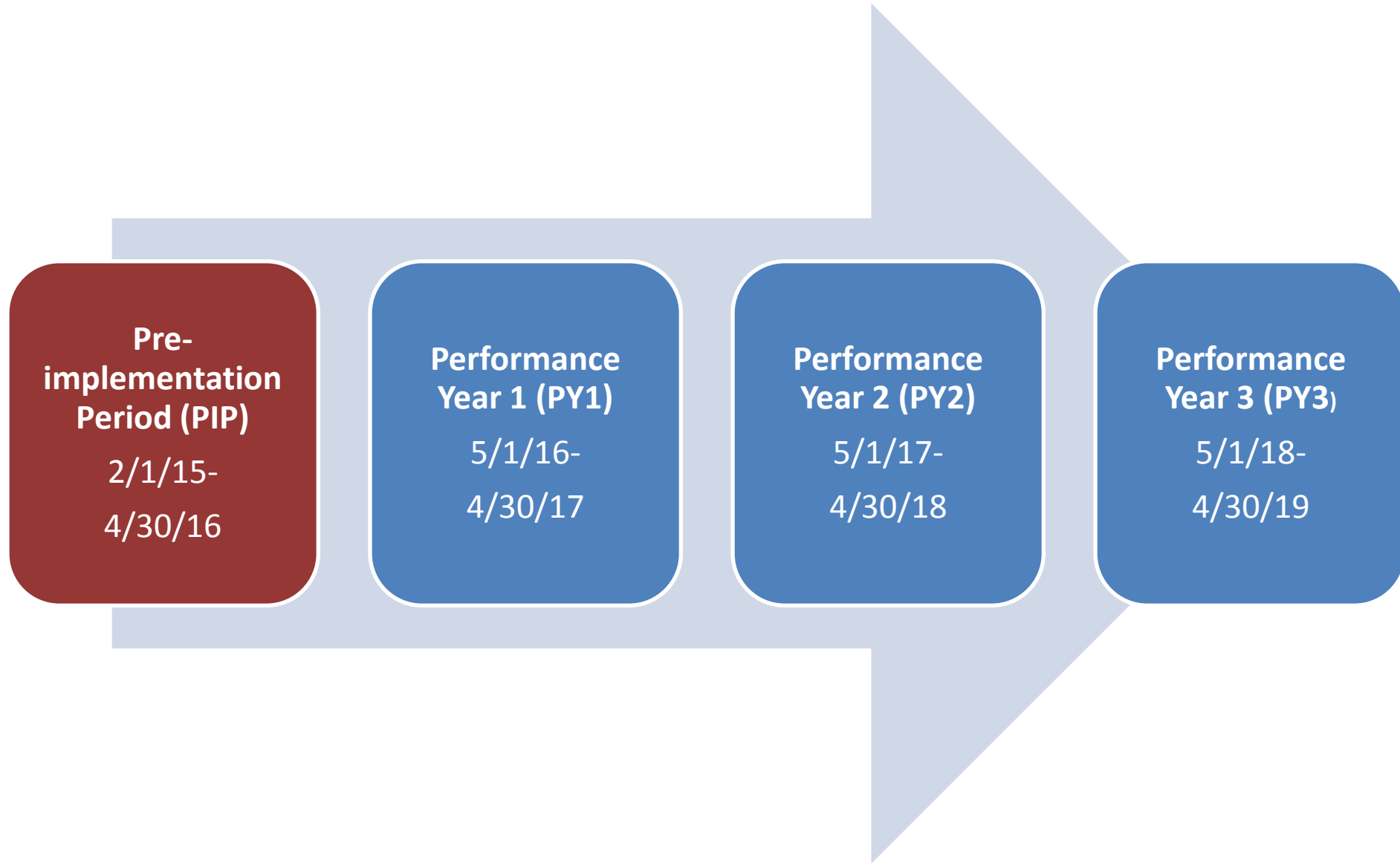
**Feb 1, 2016
– Apr 30,
2016**

Three
month no
cost
extension

No-Cost Extension Timeline

- The Pre-implementation (planning) period will now end on April 30, 2016
- Performance Year 1 (PY1) activities will begin on May 1, 2016
- The SIM Grant will now end April 30, 2019, although individual initiatives may end sooner

Connecticut SIM Timeline



No-cost Extension Effect on Budget

- For most work streams, the budget for the pre-implementation (planning) period will now extend over 15 months
- Some work streams will need additional funds during the pre-implementation:
 - To avoid interruption of activities for those work streams that are on track
 - To cover personnel costs

Budget Amendment

- To account for those work streams that need additional funds during the no-cost extension, the PMO will submit a **budget amendment** at the end of January
- The PMO is working with each work stream to finalize budgetary changes
- We will then implement these budget changes by amending each of the MOAs with our key partners

Work stream Updates

Population Health

- Preparing draft Charter and Composition for the Population Health Council
- In the process of hiring a Prevention Services Coordinator
- **Next Step: Approval of Charter and Composition**

MQISSP

- Produced an MQISSP Communication Plan Proposal
- Submitted MQISSP Concept Paper to CMS
- **Next Step: Planning for Shared Savings Model Test Run**

Work stream Updates

Value-Based Insurance Design (VBID)

- Anticipate HISC confirmation of Consortium appointments on January 14th
- Working on plans for first Consortium meeting
- **Next Step: First Consortium Meeting, February 2**

Community Health Worker Initiative

- Presenting draft Charter and Composition for CHW Advisory Committee to HISC for approval on January 14th
- **Next Step: Solicitation for Advisory Committee Members**

HIT

- **Next Step: Meeting this Friday 1/16 for presentation re: new edge server technologies by vendor (Zato)**

Work stream Updates

Advanced Medical Home (AMH)

- All practices in the Pilot have completed pre-assessment and Office specific plans
- The kickoff for Cohort 3 took place on December 17, consisting of 9 practices
- Plans to launch new cohort in March 2016
- **Next Steps:**
 - Amend Qualidigm contract to accommodate the addition of a new cohort in 2016
 - Release RFA to recruit new cohort

Work stream Updates

UConn Evaluation

- Developed new drafts of potential behavioral health questions for inclusion in patient experience survey.
- Next Step: Meeting with Health Plans to clarify their roles in the SIM and determine what data can be obtained

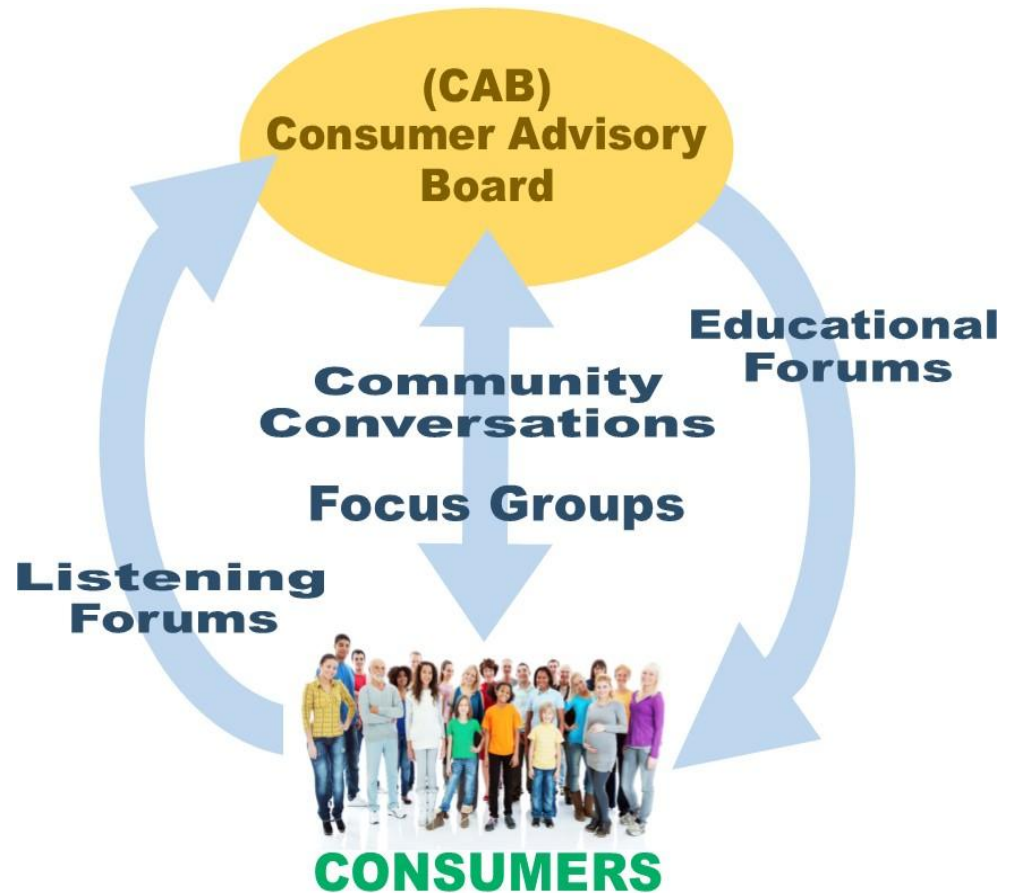
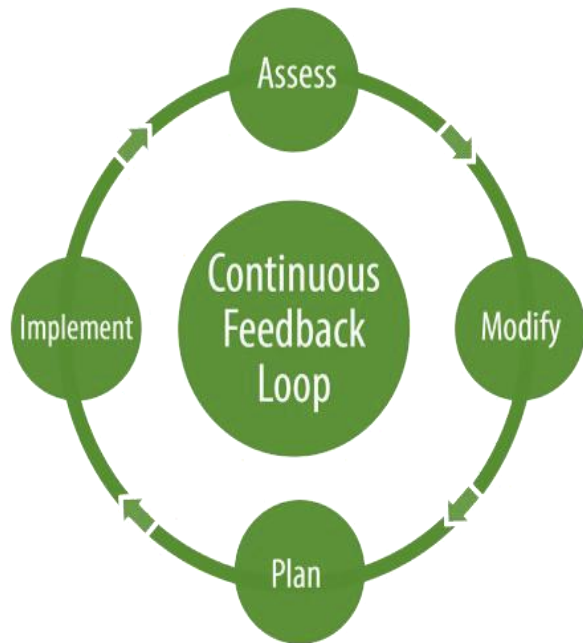
Looking Ahead...

- CHW Advisory Committee Member Solicitation will likely begin week of January 19th

Consumer Advisory Board Updates: Operational Plan

Operations Plan for CAB Test Grant Goals

Consumer Engagement and Communications



What is a Driver Diagram?

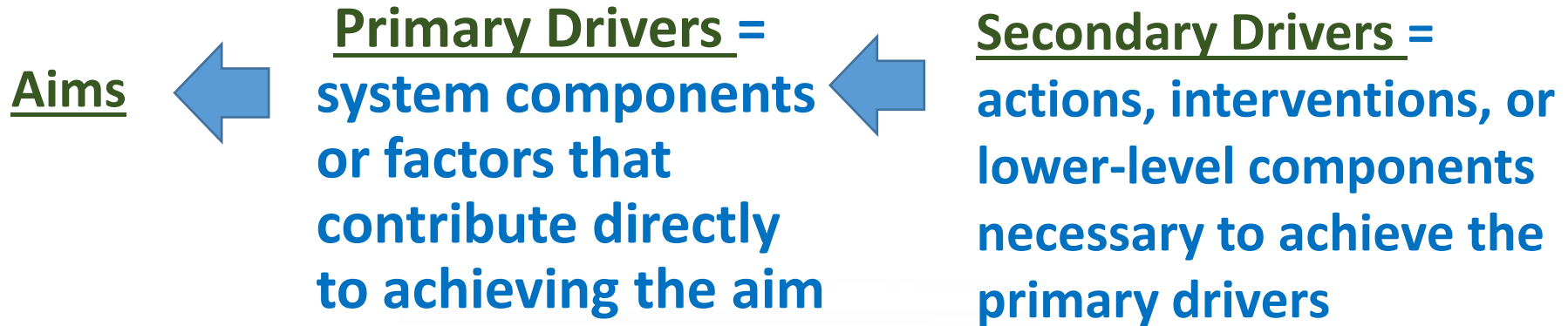
Clearly defining an aim and its drivers enables a team to have a shared view of the theory of change in a system

- You can increase your odds of success through early definition of your project's **aim**
- The components of a system that influence the achievement of an aim are called “**drivers**”



- A **Driver Diagram** represents the team members' current theories of “cause and effect” in a system. It sets the stage for defining the “how” of a project.

What are Drivers?



- Each driver should be able to be measured, and most drivers should align with specific process measures
- The **Driver Diagram** organizes the **causal relationship** between the secondary drivers, primary drivers, and the aim.

CT SIM Test Grant: Core Metrics

CMMI requires SIM States to collect and monitor progress on the following metrics:

Model Participation Metrics

- **Beneficiaries, Providers & Provider Organizations in any value-based payment or alternative payment model in the state supported by SIM**

Payer Participation

- **Payer participation in value-based purchasing and/or alternative payment models supported by SIM**

Model Performance Metrics

- **ED Visits; Readmissions; Cost of care; Hospital Consumer Assessment of Providers Survey; Tobacco Screening; Controlling high blood pressure; BMI Screening & Follow-up**

State Healthcare Landscape

- **Total number of beneficiaries in the state receiving care through any value-based payment and alternative payment models**
- **Total number of providers in the state in any value-based payment and alternative payment models**

Healthcare Innovation Plan Driver Diagram

Connecticut State Innovation model: Project Driver Diagram

By 6/30/2020
Connecticut will:

Improve health

Decrease the statewide rates of diabetes, obesity, tobacco use, asthma, and falls

Reduce health disparities

Close the gap between the highest and lowest achieving populations for each target measure impacted by health inequities

Improve healthcare quality and care experience

Achieve top-quintile performance among all states for key measure of quality of care, increase preventative care and consumer experience, and increase the proportion of providers meeting quality scorecard targets

Reduce costs to improve affordability

Achieve a rate of healthcare expenditure growth no greater than the increase in gross state product (GSP) per capita, corresponding to a 1-2% reduction in the annual rate of healthcare growth

Consumer Empowerment	Expand access to health information	<ul style="list-style-type: none">Expand Consumer PortalsImplement electronic illness self-management tools, and shared decision-making toolsProvide transparency regarding cost and quality
	Incentivize healthy choices	<ul style="list-style-type: none">Increase use of progressive value based insurance designPilot employer reward for nutritional purchasing
	Create mechanisms for consumer input	<ul style="list-style-type: none">Care experience survey linked to value-based payment (VBP)Ensure mechanisms for reporting denials of careEstablish Consumer Advisory Board
Primary Care Transformation	Enhance direct access to care	<ul style="list-style-type: none">e-Consults, extended hours, same-day optionsEstablish safeguards for equity and accessPromote access to preventative care through Prevention Service Centers
	Establish AMHs	<ul style="list-style-type: none">Create multi-payer consensus on standardsEstablish practice transformation supportSupport aggregation, scale, shared capabilitiesAlign payers on advance payments (e.g., care coordination)Implement direct messaging and ADTSupport adoption of care management tools
	Implement value-based payment	<ul style="list-style-type: none">Support migration from fee-for-service to time-limited pay for performanceSupport migration from P4P to Shared SavingsSupport provider aggregation for scale
	Improve performance transparency	<ul style="list-style-type: none">Implement common performance scorecardAlign core performance metrics across payersAggregate data and reporting across payers to increase reliabilityEnsure multiple levels of reportingSingle portal for provider/payer connectivity
	Enhance and expand the workforce	<ul style="list-style-type: none">Improve workforce data & analyticsExpand CT Service track for inter-prof trainingEnhance career flexibility/articulation agreementsAdvanced CEU for practicing primary care cliniciansPromote innovative GME programsImplement CHW certification & training
Community Health Improvement	Establish Health Enhancement Communities (HECs)	<ul style="list-style-type: none">Establish requirements of HECsProcure pilot HECsEstablish local health goals & metricsCollect benchmark metricsAlign payers on community health metrics in VBP
	Promote Designated Prevention Service-Centers	<ul style="list-style-type: none">Develop requirements for Prevention Service CentersSelect pilot Prevention Service CentersResolve near term/long term fundingAssist with creation of linkages between certified entities and local AMH providers
Primary Drivers	Secondary Drivers	Sample Interventions

CT SIM Test Grant

Accountability Targets

- Payers in CT adopt 100% of core quality measures by XXX
- Payers in CT adopt XX% of elective quality measures by XXX
- Create & implement Health Information Technology solution to produce clinical quality measures for scorecard use
- Cross-payer care experience survey linked to value-based payment launched by 201X
- XXX providers participate in CCIP
- Expanded Community Health Worker workforce by 2019
- Expand statewide use of direct messaging and electronic admission discharge transfers by XX
- Expand statewide use of direct messaging by XX, provider directory, consent registry, eMPI
- 370 primary care practices become Advanced Medical Homes (AMH) by 2019
- 87% of insured population in a Value-Based Insurance Design (VBID) plan by 2020
- Launch employer consortium and learning collaborative by XX
- Create and disseminate VBID prototypes by XX
- Dashboard launched by QX 201X
- Scorecard launched by QX 201X

Operations Plan Metrics and Timeline for CAB Test Grant Goals

	Consumer Engagement				
	Establish consumer portal on SIM website			by 4/30	
	Establish communication infrastructure for CAB/ PMO consumer engagement			by 4/30	
	CAB quarterly public meetings and monthly workgroup meetings				
	Outreach and education				
	Begin/ongoing targeted communications and quarterly virtual LC			by 4/30	
	Consumer Engagement contract executed	by 2/15			

Operational Plan Timeline To Completion

- January 4: Core Team Meeting – discussed questions re: budget amendment and reviewed risk mitigation
- **January 15**: Edits to dates as a result of the no cost extension are due
- **December 21 – January 25**: SIM PMO works with individual work stream leads on other edits and changes as necessary (e.g., budget, narrative questions, risk mitigation follow-up, other)
- **Feb 1**: First draft of Operational Plan complete
- **Feb 1– February 22**: Draft shared with federal project officer, allows everyone to have a chance for a review of the full document, final edits made
- **February 11**: HISC presentation
- **March 1**: Submit Operational Plan